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PULMONARY EDEMA IN UREMIA

A. Buhlman, Zurich

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Pulmonary edema can be a complication of acutely worsening uremia. The mechanism of its origin is complex and obscure. The author measured the circulation pressure of 7 uremia patients with roentgenological symbols. In 5 cases a slightly increased median pressure of 20 to 30 mm Hg was found, while pressure in the right auricle was normal, which is the argument against over-hydration as a causative factor. No decrease of pressure was found after peritoneal or hemodialysis respectively. The author interpreted these findings as left cardiac insufficiency. Roentgenologically, 5 out of 5 patients also showed a considerable enlargement of the heart as well as circulatory hypertomia.

The rather moderate pressure increase in the lung circulation is certainly not sufficient in itself for causing a lung edema to occur, if one compares these values with the ratio in cases of mitral stenosis. Increased capillary permeability must therefore be considered to be an essential additional factor; these investigations do not clarify its genesis. Since the concentration of serum proteins in all patients was within standard limits, it can be assumed that oncotic plasma pressure did certainly not decrease either.

References

D.G. Gibson: Haemodynamic factors in the development of acute pulmonary edema in renal failure. Lancet 1966 : II, 1217.

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